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STATE OF INDIANA LAKE COUNTY FILEO FOR RECORD

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MICHELE FAJMAN RECORDER

## BOND # 4-037-329

## KNOW ALL MEN BY THESE PRESENTS:

That we, <u>Ralph Flores</u> of <u>Crown Point</u>, <u>Indiana</u>, as Principal, and THE OHIO CASUALTY INSURANCE COMPANY, of Hamilton, Ohio a corporation organized and existing under the laws of the State of Ohio, (hereinafter called the Surety) are held and firmly bound unto the <u>State of Indiana</u> in the aggregate and non cumulative penal sum of <u>Twenty-Five Thousand and no/100</u> ......(<u>\$25,000.00</u>) Dollars, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED and DATED this 31st day of October, 2011.

THE CONDITION OF THE ABOVE OBLIGATIONS IS SUCH, That, Whereas, the said Principal has been elected or appointed to (or holds by operation of law) the office of <u>Central High School Loss Prevention Officer</u> for a term beginning on <u>January 10, 2012</u> and ending on <u>continuous</u>.

NOW, THEREFORE, If said Principal shall well, truly and faithfully perform all official duties required by law of such official during the term aforesaid, then this obligation shall be void; otherwise to remain in full force and effect.

THE BOND is executed by the Surety upon the following express conditions:

First: That the Surety may, if it shall so elect, cancel this bond by giving thirty (30) days in writing to School City of East Chicago, 210 E. Columbus Dr., East Chicago, IN 46312 and this bond shall be deemed cancelled at the expiration of thirty (30) days; the Surety remaining liable, however, subject to all the terms, conditions and provisions of this bond, for any act or acts covered by this bond which have been committed by the Principal up to the date of such cancellation; and the Surety shall, upon surrender of this bond and its release from all liability hereunder, refund the premium paid, less a pro rata part thereof for the time this bond shall have been in force.

Second: That the Surety shall not be liable hereunder for the loss of any public moneys or funds occurring through or resulting from the failure of, or default in payment by, any banks or depositories in which any public moneys or funds have been deposited, or may be deposited, or placed to the credit, or under the control of the Principal, whether or not such banks or depositories were or may be selected or designated by the Principal or by other persons; or by reason of the allowance to, or acceptance by the Principal of any interest on said public moneys or funds, any law, decision, ordinance or statute to the contrary notwithstanding.

Third: That the Surety shall not be liable for any loss or losses, resulting from the failure of the Principal to collect any taxes, licenses, levies, assessments, etc., with the collection of which he may be chargeable by reason of his election or appointment as aforesaid

Ralph Flores

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document unless required by law.

By:

THE OHIO CASUALTY INSURANCE COMPANY

Denise M. Reister, Attørney-in-fact

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## OATH OF OFFICE

State of
County of
I,, do solemnly swear (or affirm) that I will support, protect and defend the Constitution of the
United States and the Constitution of the State of Indiana, and that I will discharge the duties of my office of
with fidelity; that I have not paid or contributed, or promised to pay or contribute, either
directly or indirectly, any money or other valuable thing to procure my nomination or election (or appointment), except for
necessary and proper expenses expressly authorized by law; that I have not knowingly violated any election law of this State
or procured it to be done by others in my behalf; that I will not knowingly receive, directly or indirectly, any money or other
valuable thing for the performance or non-performance of any act or duty pertaining to my office than the compensation
allowed by law. So help me God.
Sworn to and subscribed before me this day of A D



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e named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

## THE OHIO CASUALTY INSURANCE COMPANY **FAIRFIELD, OHIO POWER OF ATTORNEY**

KNOW ALL PERSONS B	Y THESE PRESENTS:	That The Ohio Casualty Insured the Insured Ins	urance Company (the "Co	mpany"), an Ohio corporal	tion, pursuant to and b
		DENISE M. REISTER, PAMELA			

, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, and the execution of such undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company in their own proper persons.

That this power is made and executed pursuant to and by authority of the following By-law and Authorization:

ARTICLE IV - Officers: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bond, recognizances and other surety obligations. Such attorneys-infact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary.

Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day. By the following instrument the chairman or the president has authorized the officer or other official named therein to appoint attorneys-in-fact: Pursuant to Article IV, Section 12 of the By-Laws, David M. Carey, Assistant Secretary of The Ohio Casualty Insurance Company, is hereby authorized to appoint such attorneys-in-fact as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations

That the By-law and the Authorization set forth above are true copies thereof and are now in full force and effect.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of The Ohio Casualty Insurance Company has been affixed thereto in Plymouth Meeting, Pennsylvania this 29th day of the Lake RecoTHE OHIO CASUALTY INSURANCE COMPANY

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF MONTGOMERY

2011 , before me, a Notary Public, personally came David M. Carey, to me known, and acknowledged that day of August he is an Assistant Secretary of The Ohio Casualty Insurance Company; that he knows the seal of said corporation; and that he executed the above Power of Attorney and affixed the corporate seal of The Ohio Casualty Company thereto with the authority and at the direction of said corporation.

IN TESTIMONY WHEREOF & have nereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first · Cours above written.

OF CERTIFICATE

th Tup, Montgomery County Mission Expires Mar. 28, 2015 Teresa Pastella, Notary Public la Association of N

I, the undersigned, Assistant Secretary of The Ohio Casualty Insurance Company, do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the officer or official who executed the said power of attorney is an Assistant Secretary specially authorized by the chairman or the president to appoint attorneys-in-fact as provided in Article IV, Section 12 of the By-Laws of The Ohio Casualty Insurance Company.

This certificate and the above power of attorney may be signed by facsimile or mechanically reproduced signatures under and by authority of the following vote of the board of directors of The Ohio Casualty Insurance Company at a meeting duly called and held on the 15th day of February, 2011:

VOTED that the facsimile or mechanically reproduced signature of any assistant secretary of the company, wherever appearing upon a certified copy of any power of attorney issued by the company in connection with surety bonds, shall be valid and binding upon the company with the same force and effect as though manually affixed.

TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the said company, this 3/3/day of

Gregory W. Davenport, Assistant Secretary

David M. Carey, Assistant Secretary